

Result Type: Chest CT w/ Contrast
Performed Date: July 18, 2011 2:46 PM
Result Status: Final
Result Title: CT THORAX WITH CONTRAST
Encounter info: UPMCSHY, Inpatient, 7/17/2011 - 8/18/2011

*** Final Report ***

CTCHESTW

CLINICAL HISTORY:

23-year-old female with clinical concern for lymphoma.

COMPARISON:

None.

TECHNIQUE:

Following the intravenous administration of 100 mL of Isovue-370, helical images of the chest abdomen pelvis were acquired in 5mm slice thickness.

FINDINGS:

CHEST:

The lungs are clear with no suspicious pulmonary nodules or focal areas of consolidation. Minimal bibasilar subsegmental atelectasis is present. The thyroid gland is homogeneous. No discrete nodules are identified. There are no enlarged mediastinal, hilar or axillary lymph nodes. The tracheobronchial tree is patent. The heart size is normal. The aorta and main pulmonary artery are normal in caliber. No pericardial or pleural abnormalities are identified.

ABDOMEN:

The liver, pancreas, spleen, adrenal glands and kidneys are normal. The gallbladder is contracted. No intra or extrahepatic biliary ductal dilatation is present. The hepatic and portal veins are patent. The small bowel is normal in caliber without focal wall thickening. There is no free air, free fluid or enlarged lymph nodes.

PELVIS:

There is a 6.5x4.2cm predominately cystic left adnexal lesion. The internal matrix is heterogenous containing calcium and fat. The appearance is most suggestive of an ovarian teratoma. Incidentally noted is a 2x1cm simple appearing right adnexal cyst. The bladder, uterus, rectum and sigmoid colon are grossly normal. No pelvic free fluid or lymph node enlargement is identified. The visualized osseous structures are unremarkable for acute fracture or destructive osseous lesions.

IMPRESSION:

CHEST:

1. No acute abnormality or CT evidence of malignancy.

ABDOMEN:

1. No acute abnormality or CT evidence of malignancy.

PELVIS:

1. No acute abnormality or CT evidence of malignancy.

2. 6.5cm heterogeneous left adnexal lesion with CT features suggestive of an ovarian teratoma.

END OF IMPRESSION:

My signature below is attestation that I have interpreted this/these examination(s) and agree with the findings as noted above.

Dictated by:

Signed by:

Signed on: 07/19/2011 at 12:35 PM